

# Post Thyroid FNA Testing And Treatment Options

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## Follow Up of “Non-diagnostic “ FNA

# What is a non-diagnostic FNA?

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- Opinions vary about what constitutes a non-diagnostic thyroid FNA
- Factors contributing to a non-diagnostic FNA
  - Specimens lacking sufficient follicular cells
  - Suboptimal preparations with thick smears, improper fixation etc.
  - Obscuring blood or transmission US gel

# Posted Questions And Controversies

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Round One And Two

# Should non-diagnostic FNA specimens be followed by repeat FNA?

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- Yes

# Within what time should the Repeat FNA be performed?

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- 2-4 weeks at least (only one)
- 3-6 months. Most agree that 3 months is the best time to re-biopsy even in cases with cancer since thyroid cancers grow slowly.
- 3 months is minimum to avoid misinterpretation of post FNA changes

# Should repeat FNA be under ultrasound guidance?

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- **Yes.**
- Especially repeat aspirates following a non-diagnostic FNA.

# Should pathologists be on site for repeat FNA?

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- Yes, whenever possible and if pathologists are available.
- The rate of diagnostic aspirates is much higher when on site assistance is provided even in the hands of experienced aspirators

# Discussion

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- Post FNA follow-up for :
  - Cystic lesions
  - Solid nodules



# Follow-up For Non-diagnostic Cystic Lesions

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- Should undergo repeat FNA with ultrasound guidance
- Should have intraprocedural review by a pathologist when possible

# Repeat FNA in Non-diagnostic Cystic Lesions

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- Choice of surgical versus clinical follow-up should be left to the clinician.
- **Argument:**
  - Many colloid nodules consist mostly of colloid with scant rim of follicular cells that may never be sampled even if the cyst is drained
    - Management best achieved by non-surgical follow-up in reliable patients
  - Low but real incidence of cystic papillary carcinoma
    - Surgical resection after a second non-diagnostic FNA

# **Repeat FNA in Non-diagnostic Solid Nodules**

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- Repeat aspiration with ultrasound guidance
- Intraprocedural review by pathologist whenever possible

# Non-diagnostic Repeat FNA In Solid Nodules

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- For nodules 1 cm or less in a reliable patient
  - Close clinical follow up with ultrasound guidance
    - Refer to surgery if growth is detected
- For nodules >1cm or an unreliable patient
  - Refer to surgery

# Conclusion-1

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- Cystic lesions with an initial “non-diagnostic” aspirate should undergo repeat FNA with ultrasound guidance and when possible intraprocedural review of material by a pathologist. When repeat FNA yields non-diagnostic aspirates, close clinical and ultrasonographic follow up is recommended

# Conclusion-2

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- Solid nodules associated with “non-diagnostic” aspirates should be reaspirated with ultrasound guidance and whenever possible, intraprocedural review by a pathologist. If repeat smears are “non-diagnostic,” surgery should be strongly considered.

# Conclusion-2

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- If the patient is considered reliable and likely to return for clinical follow up and the nodule is 1 cm or less in size, close clinical follow up with ultrasound examination is a reasonable alternative to surgery. When growth of the nodule is detected during ultrasound surveillance, excision is recommended.

# Conclusion-3

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- In general a waiting period of at least 3 months should elapse between the initial non-diagnostic aspirate and reaspiration. If suspicion of a carcinoma is high based on clinical or ultrasonographic findings a shorter waiting period may be appropriate in some cases.



# The Presentations from the NCI Thyroid FNA State of the Science Conference ...

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...will be available as PDF files from  
this link after the conference.

Thank you for your interest.

